

ORDER NO.:

**COMMONWEALTH OF VIRGINIA
VIRGINIA DEPARTMENT OF TRANSPORTATION**

CERTIFICATE OF INSURANCE

This form must be completed and returned with in 15 days of notification of contract award to:
Don E. Silies, Contract Engineer
Virginia Department of Transportation
1401 E. Broad Street, Richmond, VA 23219

This is to Certify that the _____
Insurance Company

Assured _____
Company

Address _____
Street City/County State Zip Code

Policies of Insurance Described as Follows:

Kind of Policy	Workmen's Compensation	Bodily Injury Liability and Property Damage Liability
Policy Number		
Effective Dates	From: To:	From: To:
Limits of Compensation	Provided by Workmen's Compensation Laws of Commonwealth of Virginia	Each Person: \$ ____ Aggregate: \$ ____
Exact Location Covered		
Classification of Work Covered (detail)		

This Certificate is issued at the request of the Virginia Department of Transportation, 1401 E. Broad Street, Richmond, Va. 23219, to whom we will give written notice of cancellation, renewal or expiration of the above policy or policies.

Dated at _____
City/County State Agency

on the _____ of _____
Day Month Year By: _____
Authorized Representative